IDAHO COMMISSION FOR LIBRARIES
LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA)
FY2008 MINI-GRANT APPLICATION- UNDERSERVED - COVER SHEET

Applicant:

Address:

Project Name:

Contact Person/Title:

Phone & E-mail:

Community Partner(s):

Partner Contact Person/Title:

This application is for:
☐ A Read to Me Project
    ❑ I have discussed this project with the following RTM Project Coordinator:
      Name: _____ Date:_____

☐ Another underserved audience: _____
    ❑ I have discussed this project with the following Commission for Libraries Consultant:
    _____

Budget Summary: LSTA: (maximum 75% of total) $ _____
        Local match (minimum 25% of total): $ _____
        Total: $ _____

SIGNATURE AND CERTIFICATION:

See page 18 of Guide for Appropriate Signatures.

All participating libraries and other entities must sign
this certification (use a separate sheet for multiple participants):
We are aware of, and agree to comply with, the federally mandated assurances enumerated in the Civil Rights Certificate attached to this document. In addition, we assure that we will comply with all legal, program, and other administrative requirements approved in accordance with OMB Circulars A-21, A-87, A-102, A-110, A-122, and A-133 as applicable, and that we are in compliance with the Commission for Libraries' eligibility requirements for LSTA.

Appropriate Signature	Title	Date
Appropriate Signature	Title	Date

SIGNATURE OF COMMUNITY PARTNER: We are aware of, and agree to participate in, the project as outlined in this application and/or our letter of support.

Primary Community Partner Contact/Organization   Date

Printed name of signature above

REQUIREMENTS FOR LSTA MINIGRANT APPLICATION

Please use 12-point type for all application materials; Times Roman is preferred.
Submit <u>1 set of original documents with original signatures and 8 sets of copies.</u>
Do not bind or cover. Staple all application materials together: the application Cover Sheet
and one each of the items listed below.

Eligibility Checklist: *(Appendix A of this Guide)* Send one signed Eligibility Checklist with original signatures for each participant or consortium.
- ➢ If the application is being made by single libraries, one cover sheet for the library and **a representative from the partner organization**.
- ➢ If the application is being made by one library on behalf of a group of libraries, <u>each participant</u> must complete a **Cover Sheet** and the Eligibility Checklist.
- ➢ If a <u>pre-qualified</u> consortium is making the application, a **Cover Sheet** and the **Eligibility Checklist** must be completed for the consortium

Application consists of:
- ☐ Eligibility Checklist for each appropriate library identified above   *(Refer to page 18 of this guide to assist you in identifying Appropriate Signatures.)*
- ☐ Mini-Grant Application - Cover Sheet
- ☐ Application Narrative 1 – 10   *(Identify the answers to each of the sub-parts on separate paper)*
- ☐ Proposed Project Budget
- ☐ Project Related Personnel Costs –   *(If personnel expenses are part of the total project budget, the Project Related Personnel Costs form must*
- ☐ Job Description(s) –   *be completed and accompanied by a job description for*
- ☐ Letter of Support from your primary partner(s)
- ☐ LSTA Outcomes Logic Model *(The outcome logic model is not required. Refer to page 13 of the guide.)*
- ☐ Appropriate Appendix *(See your library consultant for guidance):*
  - ☐ Appendix B – General Requirement for All Projects *(Read and understand)*
  - ☐ Appendix C – Requirements for Just-In-Time Projects
  - ☐ Appendix H – Requirements for Mini-Grant Underserved Projects

Application Instructions:
- Answer each of the questions in the narrative portion of the application as clearly and completely as possible.
- Format your responses identifying the question number, letter, and reiterating the questions for ease of reading.
- Write your response with the assumption that the application reader knows nothing about your library or your project.
- For your convenience, this application form is provided in Word format on the ICFL website at http://libraries.idaho.gov/forlibs-lsta#docs.
- The completed application must be received by the Idaho Commission for Libraries at least 6 weeks prior to any scheduled implementation date of the program.
- Send the application, copies and all attachments to:

<div align="center">

Grants Contracts Officer
Idaho Commission for Libraries
325 West State Street
Boise, Idaho 83702-6072

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MINI-GRANT APPLICATION NARRATIVE

1.   **NEED** *(Page 11 in the LSTA Guide)*

   Describe and document the need in your community for the proposed project.

   A. What need or problem will the project address?
   B. How did the library assess this need?

2.   **PROJECT DESCRIPTION** *(Page 12 in the LSTA Guide)*

   Provide a brief description of this project, no more than ½ page, and include in that narrative the following:

   A. What do you plan to do?
   B. How do you plan to do it?
   C. What difference will this project make and why?

3.   **TARGET AUDIENCE**

   A. Describe the target audience and estimate its size.
   B. If you are providing service to people living outside your library jurisdiction, describe how you are working with their libraries or how nonresident library cards will be paid for.

4.   **PARTNERSHIPS**

   List your community partner(s) [agencies, organizations, or service providers who serve the target audience you are planning to reach] and tell how you will work together to support your proposed project.

5.   **REGIONAL/STATEWIDE IMPACT** *(Page 12 in the LSTA Guide)*

   A. How will the project help create Idaho's vision of libraries in 2020?
   B. Describe how you and your partners will share information about your project with other libraries and interested organizations.

6.   **PLANNING AND SUSTAINABILITY** *(Page 12 in the LSTA Guide)*

   A. Cite the objective and activity in each library's (or consortium's) strategic plan supporting this project.
   B. Describe the kinds of services your library currently provides for this target audience and how the proposed project would build, enhance or fill the gaps in your services.
   C. Describe how your library's resources (collection, staff expertise, services/programs, facilities, etc.) will contribute to the success of your proposed project.
   D. Briefly, describe how the library will continue this project, if successful, after the grant project year ends, and possible sources of funding.

7. **OBJECTIVES** *(Page 13 in the LSTA Guide)*

    A. What are the objectives or expected outcomes of the activities of the project?
    B. How will the target audience, described in question III above, benefit from the project?
    C. One objective must address how the library will continue the project after the grant period is over.

8. **EVALUATION** *(Page 13 in the LSTA Guide)*

Describe how you will know if your project is successful.
    A. How will you evaluate the impact of your project on the need described above? What are the outcomes for the target audience?
    B. Describe both the evaluation method or process, and the evaluative criteria. The evaluation must relate directly to the need (see question VI above) and the objectives (see question VII above).
    C. How will you use the results of your evaluation?

9. **SERVICE PLAN AND OUTREACH**

    A. Describe the services you plan to implement and who will be responsible for carrying out the activities.
    B. How will you reach members of the target audience who are not already library users?
    C. Describe staff training and informing the public, where appropriate.

10. **TIMELINE, ACTIVITIES AND BUDGET EXPLANATION** *(Page 13 in the LSTA Guide)*

    A. Maximum LSTA grant award is $5,000.
    B. Total project budget must include at least 25% local or non-federal matching funds ($6,667 Total Project Budget = maximum $5,000 LSTA + minimum $1,667 match).
    C. Develop a timeline which details the activities necessary to make this project successful and when activities will take place. Incorporate when expenditures of funds will occur and in what amounts, both LSTA and Local.

MINI-GRANT
PROPOSED PROJECT BUDGET

Applicant:

Project Name:

BUDGET CATEGORIES	LSTA GRANT FUNDS	LOCAL MATCH*	PROJECT TOTAL (A + B)
	A	**B**	**C**
Personnel**			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Library Materials			
TOTAL	$	$	$

* Local cash match must be a minimum of 25% of the total project budget; maximum $5,000 LSTA grant + minimum $1,667 local match = $6,667 total project budget.

** If your budget includes personnel costs, provide a breakdown of the personnel and fringe benefits costs using the PROJECT RELATED PERSONNEL COSTS form on the back of this page.

** LSTA funds can only be used to pay personnel costs for hours worked above and beyond current workload (up to a maximum of 40 hours per week or 1 FTE per individual), or for a new employee hired specifically for this project or service.

PROJECT RELATED PERSONNEL COSTS

Length of project duration in we[eks]

SALARIES

Position Title	(B) Total # of Hrs/wk. Usual & Customary for this position	(C) # of additional Hours/wk due to grant	(D) Total Hrs/wk. B + C (cannot exceed 40 hrs. / wk.)	(E) Hourly Rate usual & customary for each position	(F) Total Salary (B+CxAxE) *	(G) Added Salary due to grant (CxAxE) *	(H) LSTA Amt. (Additional Hrs. Only) (G) LSTA (75%)	(I) Local Match Amt. (Additional Hrs. Only) (G) Local (25%)
Total Salaries								

Fringe Benefits

Position	Unemployment Insurance on a % of Payroll Basis only = .001 **	Worker's Comp Rate = .0046	FICA Rate = .0765	Retirement Rate =	Health Insurance Rate =	Other Rate =	Total Benefits

* Enter Salary and Benefit totals on the Proposed Budget for LSTA and Local Match.
** Unemployment insurance must be paid on a percent of payroll basis. Unemployment paid on a cost basis will be the responsibility of the applicant.

Grant funds can be used to pay personnel costs for hours worked on a grant project over and above an employee's usual and customary working hours, up to a maximum of 40 hrs. per week or 1 FTE. If necessary, new employees can be hired at the salary usual and customary for the hired position description. Refer to **PERSONNEL COSTS** in this guide for more information. Salaries reported must be actual current salary levels.

List all project related positions funded by LSTA or matching funds. Report the number of increased hours projected per week, the number of weeks to be worked, hourly rate, gross salary and total benefits for each position. Attach a current job description for each position identified adding at the bottom of the description the changes that will occur for that position as a result of the grant, i.e. increased hours, what duties will be taken away or added etc.

LSTA OUTCOMES LOGIC MODEL
(Refer to page 13 in this guide for more information. Applicants are not required to evaluate using this method.

Project Name: _____

_____

Library: _____

_____

Program Purpose: *(Keep this simple, just answer the question.* We do what, for whom, for what outcome or benefit.)

OUTCOMES	ACTIVITIES	OUTPUTS	EVALUATION		
			INDICATORS	DATA SOURCE	DATA INTERVAL
(A change in the target audiences skill, knowledge, attitude, behavior, status or life condition as a result of your project or program.)	*(What activities must take place to achieve the identified outcome?)*	*(What are some of the statistics the activity will generate?)* *Ex: # of participants, increase in circulation?*	*(When will you know if you have reached success?)* *Ex: # or % increase in participation. 15 or (15/20) 75% increase in participation.*	*(Where will the statistics come from to demonstrate success?)* *Ex: participant lists*	*(How often will you evaluate the statistics?)* *Ex: monthly, semi-annual, annual.*

Library Services and Technology Act